

BTXN 191 (rev. 12/24)

AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input type="checkbox"/> TRANSCRIPT		2. DATE OF ORDER:			
3. NAME:		4. PHONE NUMBER: 214-237-4315		5. EMAIL ADDRESS: isalzer@pmmlaw.com	
6. MAILING ADDRESS: 1700 Pacific Ave., #4400		7. CITY: Dallas		8. STATE: TX	9. ZIP CODE: 75201
10. CASE NUMBER: 24-03073-sgj	11. CASE NAME: Charitable DAF v. Alvarez & Marsal	12. JUDICIAL OFFICIAL: Hon. Stacey G. C. Jernigan		13. DATE OF PROCEEDING: FROM: 02 / 10 / 2025	
14. ORDER: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> ORDINARY A. <input type="checkbox"/> </div> <div style="text-align: center;"> 7 DAY EXPEDITED <input type="checkbox"/> </div> <div style="text-align: center;"> DAILY <input type="checkbox"/> </div> <div style="text-align: center;"> HOURLY <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> 14 DAY EXPEDITED <input type="checkbox"/> </div> <div style="text-align: center;"> 3 DAY EXPEDITED <input type="checkbox"/> </div> </div>					
15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):					
PORTION(S)					
Entire Hearing					
Court Ruling					
Witness Testimony					
Other: (Specify)					
CERTIFICATION By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).		16. SIGNATURE:			
		17. DATE:			